

October 20, 2004

ROSALINDA/GAIL ANDERSON  
TEXAS WORKERS COMP. COMMISSION  
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M2-05-0099-01

CLIENT TRACKING NUMBER: M2-05-0099-01/5278

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Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

**Records Received:**

Records from TWCC:

- Notification of IRO Assignment, 9/23/04 - 9 pages

Records from RS Medical:

- RS Medical Prescription, 5/11/04, 7/7/04 - 2 pages
- Texas Back Institute Hurst follow-up progress notes, 6/8/04, 6/28/04 - 3 pages
- Letter of Medical Necessity from Dr. J, DC, 7/8/04 - 1 page
- Letter to TWCC from \_\_\_\_, 8/23/04 - 1 page
- RS Medical Patient Health Report - 1 page
- RX Medical Patient Usage Report - 6 pages
- Fax cover sheet to MRI from RS Medical, 9/27/04 - 1 page
- Request for additional external review case information, 9/23/04 - 1 page

**Records from Dr. J, DC:**

- Fax cover sheet to Dr. J from MRI, 9/23/04 – 1 page
- Request for additional external review case information, 9/23/04 – 1 page
- Texas Back Institute Hurst follow-up progress notes, 8/30/04, 7/9/04, 6/28/04, 6/23/04, 6/15/04, 6/9/04, 6/8/04 (x2), 6/1/04, 5/28/04, 5/26/04, 5/24/04, 5/17/04, 5/11/04, 5/7/04, 2/27/04, 2/25/04 – 22 page
- Texas Workers Compensation Work Status Report, 8/30/04, 7/9/04, 6/28/04, 6/23/04, 6/15/04 – 5 page
- Letter from Dr. J, 6/28/04 – 2 pages
- Texas Back Institute Hurst history and physical, 3/9/04, 2/23/04 – 7 pages
- Texas Back Institute Hurst radiology review, 3/9/04, 2/23/04 – 2 page
- TMI Extended MRI Lumbar Spine Without Contrast, 1/12/04 – 1 page
- TMI Extended MRI Thoracic Spine Without Contrast, 1/12/04 – 1 page
- MPM Consultation, 8/6/04 – 2 page
- RS Medical Patient Usage Report – 2 pages
- Cover letter re: records requested enclosed – 1 page

**Records from American Home Assurance Company:**

- Fax Transmission re: IRO Fee Order, 10/8/04 – 1 page
- Order for Payment of IRO Fee – 1 page
- Advisory No. 370– Topic: Carriers must prepay IRO in preauth disputes – 1 page
- Time-sensitive Preauthorization Medical Dispute Response – 1 page
- Checklist – 1 page
- Letter to insurance company from TWCC, 9/16/04 – 1 page
- Medical Dispute Resolution Request/Response – 3 page
- Letters to RS Medical from WC, 8/2/04, 7/20/04 – 4 pages
- Texas Back Institute Hurst follow-up progress note, 8/30/04, 7/9/04, 6/28/04, 6/23/04, 6/15/04, 5/24/04, 5/7/04, 2/27/04 – 11 pages
- Texas Back Institute Hurst history and physical, 3/9/04, 2/23/04 – 7 pages
- Texas Back Institute Hurst radiology review, 2/23/04 – 1 page
- RS Medical Prescription, 5/11/04 – 1 page
- Formal Appeal/Request for Reconsideration from RS Medical, 6/11/04 – 2 pages
- Information on the RS-4i Sequential Stimulator – 2 pages
- Price list for RS-4i Four Channel Muscle/Interferential Stimulator – 1 page
- Employer's First Report of Injury or Illness, 11/24/03 – 1 page
- Duplicates – 6 pages

**Summary of Treatment/Case History:**

The patient is a 48-year-old female who while working as a flight attendant injured her lower back on \_\_\_\_\_. MRI of the thoracic and lumbar spine 1–12–04 revealed mild dextrosciosis of the t-spine and age appropriate degenerative changes. She was treated mainly under chiropractic care. Treatments involved both active and passive P.T., manual manipulation, EMS. Patient was apparently placed at MMI and given a 0% impairment by a D.D. that was both disputed by the present treating doctor and patient. The patient's condition eventually improved to the point where she was returned to work without restrictions by her current treating doctor.

**Questions for Review:**

- 1) Is the purchase of an RS4i Sequential, 4-channel combination Interferential & Muscle Stimulator Unit medically necessary?

**Explanation of Findings:**

Question 1: Is the purchase of an RS4i Sequential, 4-channel combination Interferential & Muscle Stimulator Unit medically necessary?

The use of long term EMS by this patient is medically necessary according to the medical records. The patient was initially prescribed and started on EMS 5-11-04. She used the unit several times a day including home use and during work as a flight attendant. The records show that the patient after approximately 6 weeks of EMS use (8-18-04) reported decreased muscle spasms, improved sleep, less pain, better able to carry on work as a flight attendant, less need for pain medication, improved moderate activities, improved muscle size and strength, improve overall condition. The records clearly state that the patient cannot tolerate pain medication due to bleeding problems and relied on the use of the EMS unit for pain control particularly during travel as a flight attendant. She is unable to take narcotics while on the job. The patient was referred to a Dr. S, D.O. who concurred with diagnosis of low back strain. The patient's current treating doctor released patient back to work without restrictions based upon the as needed use of the EMS unit in question. The long term use of EMS is clinically indicated for chronic musculoskeletal pain, muscle spasms, pain control in general, and better quality of life. However, The RS-41 is an electrical stimulation device much like the TENS unit. According to the medical records a trial of the lesser expensive TENS unit was not done on this patient. Since the medical literature shows that the RS-4i is not more effective, then it would not be considered medically necessary. A less expensive unit, such as a TENS unit, may be a more appropriate in this case.

**Conclusion/Decision to Not Certify:**

The decision is to NOT certify as medically necessary the purchase of the RS4i Sequential, 4 channel combination Interferential & Muscle Stimulator Unit. A less expensive unit, such as a TENS unit, may be a more appropriate in this case.

**Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:**

Clinical indications as noted in medical literature for the use of electrical stimulation in pain management (acute and chronic musculoskeletal pain, chronic neurogenic pain, general systemic pain), joint effusion or interstitial edema; protective muscle spasm; muscle disuse atrophy; dermal ulcers and wounds; and circulatory disorders.

**References Used in Support of Decision:**

Physical Medicine and Rehabilitation, Second edition, 2000, Richard L. Braddom, M.D.

Practical Manual of Physical Medicine and Rehabilitation; Diagnostics, Therapeutics, and Basic Problems, 1998, Jackson C. Tan, M.D., P.T., Ph.D.

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The physician providing this review is board certified in Physical Medicine & Rehabilitation. The reviewer holds additional certification in Pain Management. The reviewer is also a member of the Physiatric Association of Spine, Sports and Occupational Rehabilitation. The reviewer is active in research and publishing within their field of specialty. The reviewer currently directs a Rehabilitation clinic.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

#### YOUR RIGHT TO REQUEST A HEARING

Either party to the medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas Admin. Code 142.5.

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
POB 40669  
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties,

the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRloA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRloA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRloA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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